


Pharmacy Web Portal Instructions for retrieving Remittance Voucher(s)

Step 1: Go to <https://owcprx.dol.gov/portal/main.do>



Office of Workers' Compensation Programs

Pharmacy Bill Processing Portal

Please enter the portal by selecting a user type associated with one of the following programs:

[DFELHWC ▾](#) [DCMWC ▾](#) [DEEOIC ▾](#) [Contact Info](#) [Resources ▾](#) [Medical WCMBP Portal](#)

Welcome to the DOL OWCP Pharmacy Web Bill Processing Portal

The site provides pharmacy bill processing functionality for the following Department of Labor Office of Workers' Compensation (OWCP) programs:

- [Division of Federal Employees', Longshore and Harbor Workers' Compensation \(DFELHWC\)](#)
- [Division of Coal Mine Workers' Compensation \(DCMWC\)](#)
- [Division of Energy Employees Occupational Illness Compensation \(DEEOIC\)](#)

To enter a program, click the appropriate link displayed above.

Available Features

- [Pharmacy Provider Search \(DFELHWC only\)](#)
- Pharmacy Bill Inquiry
- Eligibility Inquiry
- Pharmacy Provider Payment Status Inquiry
- LMN Submission
- LMN Documentation Inquiry

Step 2: If the Provider requires the steps for retrieving Remittance Vouchers, please follow these instructions: Click on Resources and choose Provider FAQ; Provider FAQ also is located under General OWCP Announcements under Remittance Voucher Retrieval.

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General OWCP Announcements

- **U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP): NCPDP D.0 Quantity Prescribed (460-ET) Transmission Mandate**
CMS-0055-F final rule Administrative Simplification: Modification of the Requirements for the Use of Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Council for Prescription Drug Programs (NCPDP) D.0 Standard published in Federal Register 45 CFR Part 162 mandates a modification to the use of the Quantity Prescribed (460-ET) field. Covered entities must treat the Quantity Prescribed field (460-ET) as required when the transmission of a retail prescription is for a DEA Schedule II controlled substance as defined in Title 21 CFR 1308.12.

The use of the Quantity Prescribed (460-ET) field is intended to address the inability to identify a Schedule II controlled substance claim that is a partial or incremental fill versus a prescription refill. The modification enables covered entities to distinguish whether a prescription is a partial fill where less than the full amount prescribed is dispensed, or a refill, where the full amount prescribed is dispensed, in the retail pharmacy transactions. This modification is important to ensure the availability of a greater quantum of data that may help prevent impermissible refills of Schedule II drugs, which will help to address the public health concerns associated with prescription drug abuse in the United States.

In accordance with CMS-0055-F final rule, effective September 21, 2020, the quantity prescribed must be submitted in field (460-ET) for payment of all retail pharmacy claims when the prescription is for a DEA Schedule II controlled substance for all U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP) which includes Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC), Division of Energy Employees Occupational Illness Compensation (DEEOIC) and the Division of Coal Mine Workers' Compensation (DCMWC). Prescriptions for a DEA Schedule II controlled substance submitted without a submission of the quantity prescribed will be denied for missing or invalid prescribed quantity.

The complete list of OWCP pharmacy payer specifications can be obtained on the Pharmacy Provider Web Portal at <https://owcprx.dol.gov/portal/formsAndLinks.do>. To view the pharmacy payer sheet for each program, click the appropriate link for the program.
- **Remittance Voucher Retrieval**
OWCP Pharmacy providers can retrieve their remittance vouchers via Payment Status Inquiry. Please visit [Provider FAQ](#) for specific instructions on retrieving your remittance voucher.

Step 3: Choose the desired program (DFELHWC, DEEOIC or DCMWC), and then click on Provider in the drop-down list that opens.

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Available Features

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- [Pharmacy Bill Inquiry](#)
- [Eligibility Inquiry](#)
- [Pharmacy Provider Payment Status Inquiry](#)
- [LMN Submission](#)
- [LMN Documentation Inquiry](#)

Step 4: On the Agreement page, if the Provider is currently registered to access the Pharmacy Web Portal they can click Accept; if they are not, they will need to choose Web Registration on the left to register for access.

Office of Workers' Compensation Programs
Pharmacy Bill Processing Portal

[Home](#) [Contact Info](#) [Portal FAQ](#) [Forms & Links](#) [Archived Announcements](#) [OWCP Fee Schedule](#) [Medical WCMBP Portal](#)

Log In

Enrollment

- [Provider Status Inquiry](#)
- [Web Registration](#)

Agreement

This site houses United States Department of Labor sensitive information that may be accessed and used only for official Government business by authorized personnel. Unauthorized access or use of this site may subject violators to criminal, civil and/or administrative action. All information on this site may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person whether authorized or unauthorized constitutes consent to these terms.

[Accept](#) [Decline](#)

Step 5: The Provider will now need to log in with their username and password. Click submit.

The screenshot shows the 'Office of Workers' Compensation Programs Pharmacy Bill Processing Portal'. The header includes a navigation bar with links: Home, Contact Info, Portal FAQ, Forms & Links, Archived Announcements, OWCP Fee Schedule, and Medical WCMBP Portal. The left sidebar has a 'Log In' section with links for Enrollment, Provider Status Inquiry, and Web Registration. The main content area is titled 'Log In' and contains a welcome message, a login form with fields for User ID and Password, and a 'Forgot your password?' section. The login form has a 'Submit' button and a 'Clear' button. The 'Forgot your password?' section provides instructions for password resets and a link to the Web Portal Administrator.

Office of Workers' Compensation Programs
Pharmacy Bill Processing Portal

Home | Contact Info | Portal FAQ | Forms & Links | Archived Announcements | OWCP Fee Schedule | Medical WCMBP Portal

Log In

Enrollment
[Provider Status Inquiry](#)
[Web Registration](#)

Log In

Welcome to the [redacted] section of the Web Bill Processing Portal. In order to access the secure features, please log in below.

Please enter your User ID and Password.

* User ID: * Password:

Forgot your password?

If you have forgotten your password or User ID, please contact your organization's Master Administrator. Once your password has been reset, you will be emailed a temporary password which is valid for one use. Upon logging into the Web Bill Processing Portal, you will be required to change your password.

If you are the Master Administrator and have forgotten your password, please contact the [Web Portal Administrator](#).

* denotes required fields

Step 6: Click on Payment Status in the left navigation menu, under Inquiries.

The screenshot shows the 'Office of Workers' Compensation Programs Pharmacy Bill Processing Portal'. The header includes a navigation bar with links: Home, Contact Info, Provider FAQ, Forms & Links, Archived Announcements, OWCP Fee Schedule, Medical WCMBP Portal, and Logout. The left sidebar has a 'Choose A Program' section with a 'Go' button, and an 'Inquiries' section with links for Eligibility, Bill Status, and Payment Status. The main content area is titled 'Provider Information' and contains a form for Program, Org. Name, and Provider, and a list of features available for Pharmacy providers and other providers.

Office of Workers' Compensation Programs
Pharmacy Bill Processing Portal

Home | Contact Info | Provider FAQ | Forms & Links | Archived Announcements | OWCP Fee Schedule | Medical WCMBP Portal | Logout

Choose A Program
[redacted]

Inquiries
[Eligibility](#)
[Bill Status](#)
[Payment Status](#)

Administration
[Change Password](#)
[Provider Information](#)

Enrollment
[Provider Status Inquiry](#)
[Web Registration](#)

Provider Information

Program: [redacted] Org. Name: [redacted] Provider: [redacted]

For Pharmacy providers, the following features are available.

- Claimant Eligibility Inquiry
- Bill Status Inquiry
- Payment Status Inquiry

For other providers, the following features are available.

- LMN Form Submission (DFEC only)
- LMN Documentation Inquiry (DFEC only)

Step 7: On the Payment Status Inquiry page, enter the payment date range in the INQUIRE ON RV DATE section. (Or, if known, enter the RV Number in the INQUIRE ON RV NUMBER section.) Click Submit.



Office of Workers' Compensation Programs
Pharmacy Bill Processing Portal

[Home](#) [Contact Info](#) [Portal FAQ](#) [Forms & Links](#) [Archived Announcements](#) [OWCP Fee Schedule](#) [Medical WCMBP Portal](#) [Logout](#)

Choose A Program

Go

Inquiries
[Eligibility](#)
[Bill Status](#)
Payment Status

Administration
[Change Password](#)
[Provider Information](#)

Enrollment
[Provider Status Inquiry](#)
[Web Registration](#)

Program: Org. Name: Provider ID:

Payment Status Inquiry

Please enter either a RV Date or RV Number and click 'Submit.'

INQUIRE ON RV DATE

* RV Date From:

mm

dd

ccyy

03

08

2020

-

* RV Date To:

mm

dd

ccyy

03

10

2020

OR

INQUIRE ON RV NUMBER


* RV Number:

Submit

Clear

* denotes required fields

Step 8: On the Payment Status Response page, any RV's for the date range entered on the Payment Status Inquiry page will be shown. The Provider can then click the Hyperlink for under the RV # section to access the Remittance voucher.



Office of Workers' Compensation Programs
Pharmacy Bill Processing Portal

[Home](#) [Contact Info](#) [Portal FAQ](#) [Forms & Links](#) [Archived Announcements](#) [OWCP Fee Schedule](#) [Medical WCMBP Portal](#) [Logout](#)

Choose A Program

Go


Inquiries
[Eligibility](#)
[Bill Status](#)
[Payment Status](#)

Administration
[Change Password](#)
[Provider Information](#)

Enrollment
[Provider Status Inquiry](#)
[Web Registration](#)

Program: Org. Name: Provider ID:

Payment Status Response

08/06/2020 09:24 EDT 

Please refer to your Remittance Voucher in the heading of each page for the field labeled RV #. You may view an image of the Remittance Voucher by clicking on the RV # hyperlink below *(Please note that it may take up to 1 week for the image to be available in the system).*

Payment Records Retrieved from Inquiry

Records 1 - 1 of 1

	RV #	Check Date	Amount	Remittance Type
1.	364929	03/09/2020	<div></div>	EFT

Records 1 - 1 of 1

Return to Payment Status Inquiry

Step 9: When the Hyperlink is clicked, it will take the Provider to the Remittance Voucher in Conduent's image repository (CWAS). The provider can then click on the Document Control Number (DCN) to access the Remittance Voucher where they can print or download the remittance voucher.

DOL UAT
Logout





Messages (0)

Search Results (1) 8:01 AM

Dca	Document Type	Business Unit	Current Queue	Date Of Report	Provider ID	Application Type	Claimant ID	Claimant First Name	Claimant Last Name	Document Type	ICN	Service Date	Receive Date	RTP Indicator	RTP Reason
102002310001151	DOL BPS		DOL Repository	05/09/2025		HERITANCE									

DOL UAT

(DEEOIC/DOL BPS) [in the DOL Repository Queue]

1 / 4

1. DOLBPS-8001 #801

----- REGISTRATION UPDATE -----

FORWARD TO 31 CFR (CODE OF FEDERAL REGULATIONS) PART 208, AN AMENDMENT TO THE DEBT COLLECTION IMPROVEMENT ACT OF 1996, PAYMENTS MADE BY FEDERAL GOVERNMENT MUST BE SENT VIA ELECTRONIC FUND TRANSFER (EFT). EFT PAYMENTS ARE MANDATORY.

AS A RESULT OF THIS AMENDMENT, EFFECTIVE DECEMBER 1, 2014, ALL CURRENT AND NEW PROVIDERS SUBMITTING BILLS FOR PAYMENT IN ANY OF THE U.S. DEPARTMENT OF LABOR, OFFICE OF WORKER'S COMPENSATION PROGRAMS (OWCP) THAT INCLUDES DIVISION OF FEDERAL EMPLOYEES' COMPENSATION (DFEC), DIVISION OF ENERGY EMPLOYEES' OCCUPATIONAL ILLNESS COMPENSATION (DEOIC) AND THE DIVISION OF COAL MINE WORKERS' COMPENSATION (DMWC) MUST ENROLL FOR EFT PRIOR TO DECEMBER 1, 2014.

ANY PROVIDER THAT HAS NOT ENROLLED WILL EXPERIENCE AN INTERVENTION IN PAYMENT HERITANCE UNTIL THE EFT PROCESS IS SUCCESSFULLY COMPLETED. YOU ARE ENCOURAGED TO ACT PROMPTLY. IN ADDITION, EFT ENROLLMENT WILL EXPEDITE YOUR BILL PAYMENT PROCESS.

1

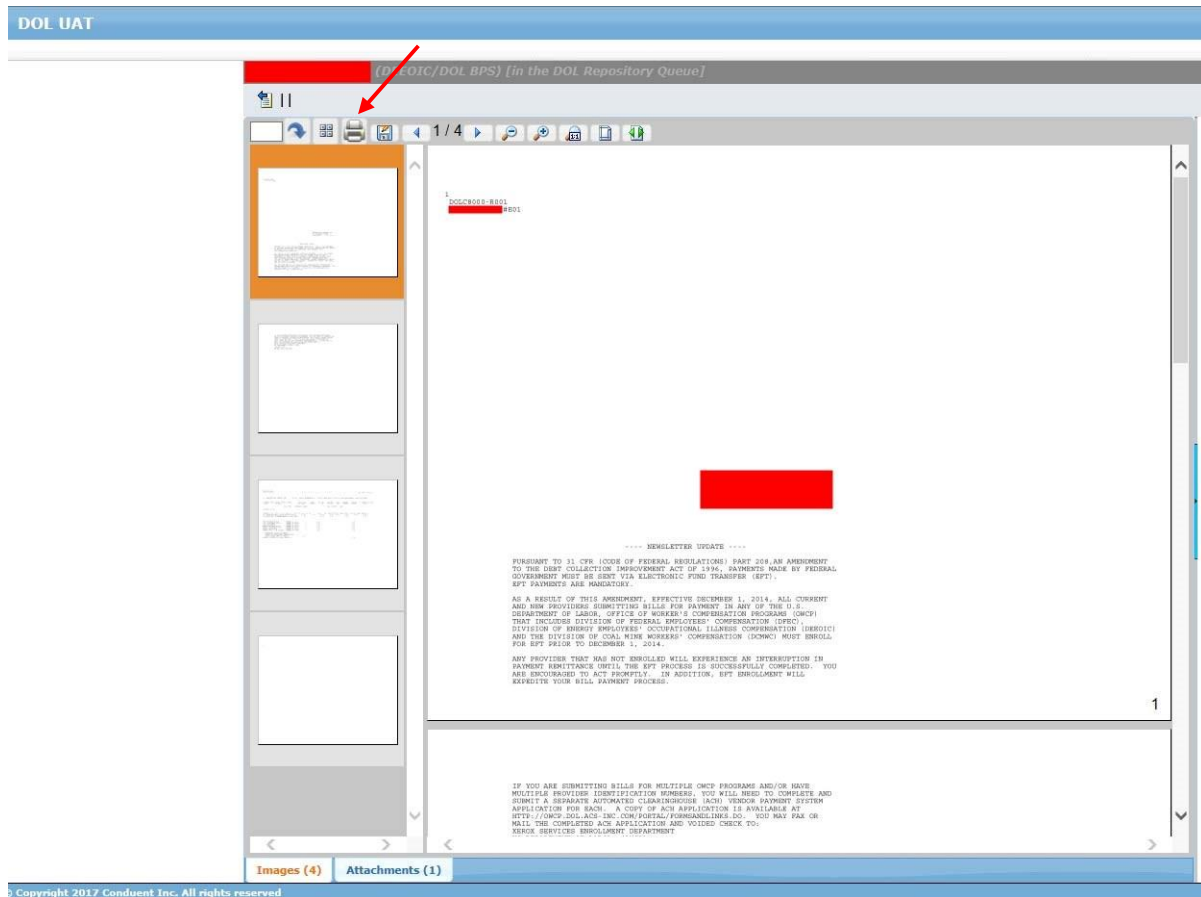
IF YOU ARE SUBMITTING BILLS FOR MULTIPLE OWCP PROGRAMS AND/OR HAVE MULTIPLE PROVIDER IDENTIFICATION NUMBERS, YOU WILL NEED TO COMPLETE AND SUBMIT A SEPARATE AUTOMATED CLEARINGHOUSE (ACH) VENDOR PAYMENT SYSTEM APPLICATION FOR EACH. A COPY OF ACH APPLICATION IS AVAILABLE AT [HTTP://OWCP.DOL.DCA-INC.COM/PORTAL/FURNISHACHLINES.DO](http://owcp.dol.dca-inc.com/portal/furnishachlines.do). YOU MAY FAX OR MAIL THE COMPLETED ACH APPLICATION AND VOIDED CHECK TO: XEROX SERVICES ENROLLMENT DEPARTMENT

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Images (4)
Attachments (1)

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Step 10: To print the Remittance Voucher, the Provider can click on the Printer icon at the top of the page as shown below.



Step 11: The Provider can also download the information and print it. At the bottom of the page, click on Attachments; once on the next screen, click the link under Filename and you will be taken to the document in the Adobe Acrobat Reader. From here, click File at the top left. To save the document click on Save As and save the document under the specified name of your choosing. To print click on File and choose the Print option.

(DEEOIC/DOL BPS) [in the DOL Repository Queue]

1 DECREASE LEVEL

MEMORANDUM UPDATE

FURTHER TO 31 CFR (CODE OF FEDERAL REGULATIONS) PART 208, AN AMENDMENT TO THE FIRST COLLECTION IMPROVEMENT ACT OF 1996, PAYMENTS MADE BY FEDERAL GOVERNMENT MUST BE SENT VIA ELECTRONIC FUND TRANSFER (EFT).

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Images (4) Attachments (1)

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Filename	Attachment
154677000012020030901E.pdf	Pdf

File Edit View Window Help

Home Tools

154677000012020... x

1
DOLC3000-B001
*1546770000 #001

